

**STATE OF UTAH  
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE**

**DECEPTION DETECTION INTERN OR  
DECEPTION DETECTION EXAMINER**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

**Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a) (13). If an SSN is not provided, the application is incomplete and may be denied.

**SUPPORTING DOCUMENTS AND FEES:**

If you are applying for a license as a **Deception Detection Intern**, complete the following in addition to submitting a completed application:

1. Bring your completed application to DOPL's offices (160 E. 300 S., Main Lobby, Salt Lake City) to complete electronic fingerprinting using DOPL's Identix equipment.

**OR**

Submit **two** applicant fingerprint cards (Form FD-258: white with blue lines) to be used by DOPL for a search through the files of the Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI). See "Additional Important Information."

2. Submit an official transcript documenting a bachelor's degree.

**OR**

Submit documentation of completion of not less than 8,000 hours of investigation experience

as a criminal or civil investigator with a federal, state, county or municipal law enforcement agency, or other equivalent investigative experience approved by the division in collaboration with the Board.

**OR**

Submit a combination of education and investigation experience.

3. Submit documentation of successful completion of a training program in deception detection.
4. Submit the original letter from DOPL's approved examination provider verifying your passing score on the Utah Deception Detection Examiners Law and Rules Examination. For examinations taken prior to January 1, 2008, the approved provider was Thomson Prometric; for examinations taken after that date the provider is PSI Examination Services.
5. Submit the original letter from DOPL's approved examination provider verifying your passing score on the Utah Deception Detection Theory Exam. For examinations taken prior to January 1, 2008, the approved provider was Thomson Prometric; for examinations taken after that date the provider is PSI Examination Services.
6. Submit an "Internship Supervision Agreement" form (*attached to this application*).
7. Submit a **\$70.00** non-refundable application-processing fee, made payable to "DOPL," that includes a \$35.00 application fee, a \$15.00 surcharge for a BCI Utah Criminal History file and fingerprint file search, and a \$20.00 surcharge for a FBI fingerprint file search.

If you are applying for a license as a **Deception Detection Examiner**, complete the following, in addition to submitting a completed application:

1. Bring your completed application to DOPL's offices (160 E. 300 S., main lobby, Salt Lake City) to complete electronic fingerprinting using DOPL's Identix equipment.

**OR**

Submit **two** applicant fingerprint cards (Form FD-258: white with blue lines) to be used by DOPL for a search through the files of the Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI). See "Additional Important Information."

2. Submit an official transcript documenting a bachelor's degree.

**OR**

Submit documentation of completion of not less than 8,000 hours of investigation experience as a criminal or civil investigator with a federal, state, county or municipal law enforcement agency, or other equivalent investigative experience approved by the division in collaboration with the Board

**OR**

Submit a combination of education and investigation experience.

*NOTE: You are not required to re-submit documentation of education and training, if you submitted said documentation when applying for your Utah Deception Detection Intern license.*

*NOTE: Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.*

3. Submit documentation of successful completion of a training program in deception detection.
4. Submit the original letter from DOPL's approved examination provider verifying your passing score on the Utah Deception Detection Examiners Law and Rules Examination. For examinations taken prior to January 1, 2008, the approved provider was Thomson Prometric; for examinations taken after that date the provider is PSI Examination Services.
5. Submit the original letter from DOPL's approved examination provider verifying your passing score on the Utah Deception Detection Theory Exam. For examinations taken prior to January 1, 2008, the approved provider was Thomson Prometric; for examinations taken after that date the provider is PSI Examination Services.
6. Submit the "Completion of Internship" form (*attached to this application*).
7. Submit a **\$85.00** non-refundable application-processing fee, made payable to "DOPL," that includes a \$50.00 application fee, a \$15.00 surcharge for a BCI Utah Criminal History file and fingerprint file search, and a \$20.00 surcharge for a FBI fingerprint file search.

#### **ADDITIONAL IMPORTANT INFORMATION:**

1. **Examinations:** All applicants for licensure as a deception detection intern or a deception detection examiner must pass the Utah Deception Detection Examiners Law and Rules Examination and the Utah Deception Detection Theory Examination. Applicants must apply directly to PSI Examination Services at [www.psiexams.com](http://www.psiexams.com) or 1-800-733-9267 to register for these examinations.

The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):

- ☐ Division of Occupational & Professional Licensing Act
  - ☐ General Rules of the Division of Occupational & Professional Licensing
  - ☐ Deception Detection Examiners Licensing Act
  - ☐ Deception Detection Examiners Licensing Act Rules
2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.
  3. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
  4. **License Renewal:** All deception detection licenses expire November 30th of every even-

numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

5. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).
6. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
7. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at [www.dopl.utah.gov](http://www.dopl.utah.gov).
8. **Mail Complete Application to:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1st Floor Lobby  
Salt Lake City, Utah 84111

9. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – Toll-free in Utah
10. **Fax Number:** (801) 530-6511

# APPLICATION FOR LICENSURE

## GENERAL INFORMATION

License Applying For: ☐ Deception Detection Intern  
☐ Deception Detection Examiner

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have You Ever Held A Utah License Before? ☐ Yes ☐ No

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

## MAILING ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### ***DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY***

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_/\_\_\_\_/\_\_\_\_

Denied By: \_\_\_\_\_

Reason for Denial/Other Comments: \_\_\_\_\_

## AFFIDAVIT FOR UTAH LAWS AND RULES

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my practice as a deception detection examiner / intern in the state of Utah and I agree to comply with such.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### LICENSES:

List all licenses, registrations, or certifications issued by any state that you now hold or have ever held. Use additional sheets if necessary.

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### EXAMINATION REQUIREMENT FOR DECEPTION DETECTION EXAMINER:

Answer “yes” or “no.”

☐ Yes ☐ No Utah Deception Detection Examiners Law and Rules Examination

Date(s) Taken: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Yes ☐ No Utah Deception Detection Theory Examination

Date(s) Taken: \_\_\_\_/\_\_\_\_/\_\_\_\_

# DECEPTION DETECTION QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. \_\_\_\_\_ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. \_\_\_\_\_ Have you ever been terminated from a position because of drug use or abuse?
10. \_\_\_\_\_ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

(Continued on the next page.)

11. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
12. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
13. \_\_\_\_\_ Do you currently have any criminal action pending?
14. \_\_\_\_\_ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
15. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
16. \_\_\_\_\_ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
17. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?

**If you answered “yes” to questions 13, 14, 15, 16, or 17 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

**If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**

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**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.**



# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Utah Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741

## INTERNSHIP SUPERVISION AGREEMENT

### TO BE COMPLETED BY DECEPTION DETECTION INTERN:

Name of Deception Detection Intern Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

### TO BE COMPLETED BY SUPERVISING DECEPTION DETECTION EXAMINER:

Name of Supervising Deception Detection Examiner: \_\_\_\_\_

Address: \_\_\_\_\_

Utah Deception Detection Examiner License Number: \_\_\_\_\_

I hereby certify that I am a licensed deception detection examiner in the state of Utah and that I will supervise the internship practice of the above named deception detection intern. He/she will be under my direct supervision while practicing as a deception detection intern and will be in compliance with all Utah laws and rules.

Signature of Supervising Deception Detection Examiner: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby agree to be directly supervised by the above named deception detection examiner.

Signature of Deception Detection Intern Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## COMPLETION OF INTERNSHIP

### TO BE COMPLETED BY DECEPTION DETECTION INTERN:

Name of Deception Detection Intern: \_\_\_\_\_

Utah Intern License Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

### TO BE COMPLETED BY SUPERVISING DECEPTION DETECTION EXAMINER:

Name of Deception Detection Examiner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Utah Deception Detection Examiner License Number: \_\_\_\_\_

1. Has the Intern named above satisfactorily completed the required one-year internship under your supervision?  
☐ Yes  
☐ No, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. During what timer period did the Intern start and complete his/her internship?  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Has the Intern engaged in unprofessional conduct or in any act prohibited by the state of Utah?  
☐ No  
☐ Yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Has the Intern satisfactorily conducted not less than 100 deception detection examinations under your direct supervision?  
☐ Yes  
☐ No, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. After reviewing 25 of the deception detection examinations referred to in question #4 above, has the Intern demonstrated sufficient skill to practice without supervision?

☐ Yes

☐ No, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Would you recommend this Intern for Utah licensure as a Deception Detection Examiner?

☐ Yes

☐ No, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Supervising Deception Detection Examiner: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_